

Best Available Copy

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ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		10/22/99
O.I.P.E. CLASSIFIER		71634	10/26/99
FORMALITY REVIEW			11/5/99

INDEX OF CLAIMS

- ..... Rejected N ..... Non-elected  
..... Allowed I ..... Interference  
(Through numeral) Canceled A ..... Appeal  
..... Restricted O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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